DOCUMENT RESUME

ED 441 577 PS 028 566

AUTHOR	Marvinney, Sandy, Ed.
TITLE	The State of Washington's Children. [Seventh Annual Report].
INSTITUTION	Washington Univ., Seattle. School of Public Health and Community Medicine.; Washington Univ., Seattle. Human Services Policy Center.
SPONS AGENCY	Annie E. Casey Foundation, Baltimore, MD.; Washington State Dept. of Social and Health Services, Seattle. Div. of Alcohol and Substance Abuse.; Boeing Co., Seattle, WA.
PUB DATE	1999-00-00
NOTE	36p.; For Sixth Annual Report, see PS 028 565.
PUB TYPE	Numerical/Quantitative Data (110) -- Reports - Descriptive (141)
EDRS PRICE	EDRS Price MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Academic Achievement; Adolescents; Birth Weight; Births to Single Women; Child Abuse; *Child Health; Child Neglect; Child Welfare; *Children; Delinquency; Demography; Dropout Rate; Early Parenthood; Economic Status; Elementary Secondary Education; Foster Care; Guns; Infant Mortality; Infants; Mortality Rate; One Parent Family; *Social Indicators; *State Surveys; Statistical Surveys; Substance Abuse; Tables (Data); Trend Analysis; Unemployment; *Well Being
IDENTIFIERS	*Indicators; Out of Home Care; Vaccination; *Washington

ABSTRACT

This KIDS COUNT seventh annual report examines statewide trends in the well-being of Washington's children. The statistical portrait is based 24 key indicators of well-being: (1) teen birth rate; (2) teen pregnancy rate; (3) births to unmarried mothers; (4) divorces involving children; (5) family foster caseload; (6) average real wages; (7) per capita income; (8) jobs in high- and low-wage sectors; (9) child poverty; (10) children without health insurance; (11) infant mortality; (12) low birthweight; (13) immunization; (14) suicide; (15) fourth graders' academic achievement; (16) student engagement; (17) perceived school safety; (18) public school enrollment; (19) child abuse and neglect referrals; (20) unintentional injury mortality; (21) homicide deaths; (22) firearm deaths; (23) domestic violence arrests; and (24) juvenile arrests for violent crimes. The report includes a section on substance use, violent behavior, and school performance in adolescence. Findings indicate that there have been improvements in teen birth and pregnancy rates; average wages and per capita income; child poverty; number of children without health insurance; infant mortality rate; early prenatal care rates; immunizations; mortality from medical conditions (10 to 19 years); fourth graders meeting adequate reading, math, and listening standards; mortality from unintentional injuries (birth to 14 years); and homicide mortality. However, worsening rates are evident in number of divorces involving children, number of children in out-of-home care, foster care caseloads, low birthweight rate, mortality from medical conditions (1 to 9 years), suicide mortality, number of fourth graders meeting adequate writing standards, child abuse and neglect referrals, and domestic violence arrests. The report concludes with information on data sources. (KB)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 441 577

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

THE STATE *of* WASHINGTON'S CHILDREN

WINTER 1999

REPORT

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

R. Brandon

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

2B

BEST COPY AVAILABLE

The State *of* Washington's Children

WINTER 1999

This is the seventh annual report on
The State of Washington's Children. It was produced by the
University of Washington School of Public Health and Community Medicine
in collaboration with the UW Human Services Policy Center.
This report is part of the Washington Kids Count Project,
which receives major funding from the
Annie E. Casey Foundation.

University of Washington
School of Public Health and Community Medicine

ACKNOWLEDGMENTS

The 1999 *State of Washington's Children* represents the work of many individuals. Frederick A. Connell, director of the UW Maternal and Child Health Program, directs this project. Richard Brandon, executive director of the UW Human Services Policy Center, was responsible for sections of this report. Sandy Marvinney, UW School of Public Health and Community Medicine, was the editor and desktop publisher. Christopher Knaus, UW doctoral student in the College of Education, contributed valuable research assistance. Karen Cantillon proofread the document. Sandy Johnson designed the report format.

In addition to major support from The Annie E. Casey Foundation (Kids Count), we greatly appreciate funding from The Boeing Company and the Washington State Department of Social and Health Services Division of Alcohol and Substance Abuse.

We acknowledge valuable information from three reports: the 1998 *Washington State Survey of Adolescent Health Behaviors*, conducted for the Washington State Department of Health, the Department of Social and Health Services, and the Office of Superintendent of Public Instruction; the January 1999 report, *Alcohol, Tobacco and Substance Abuse and Washington Children*, prepared by Washington Kids Count; and the 1998 *State Population Survey*, conducted by the Office of Financial Management.

The following agencies offered data and assistance: Washington State Department of Health Center for Health Statistics, Office of Superintendent of Public Instruction, Department of Social and Health Services Children's Administration, Higher Education Coordinating Board, Association of Sheriffs and Police Chiefs, U.S. Bureau of Economic Analysis, U.S. Bureau of the Census, Commission on Student Learning, and the Washington State Employment Security Department.

The following persons provided data and guidance:

Bill O'Brien
Department of Epidemiology
University of Washington

Tom Bell
Patricia DeHart
Maggie Ryland
Washington State Department of Health

Denise Fitch
Pam Tollefson
Office of Superintendent of Public Instruction

Dr. Antoinette Krupski
DSHS Division of Alcohol and Substance Abuse

The State *of* Washington's Children

CONTENTS

How Are We Doing? 4

Early Adolescence: Sowing the Seeds 5

Recent Trends 6

Family and Community 11

Economic Well-being 15

Health 19

Education 23

Safety and Security 27

Sources 31

WASHINGTON'S CHILDREN

HOW ARE WE DOING?

This is the seventh annual report on *The State of Washington's Children*. As in the past, we have used a variety of information sources to compile a comprehensive and up-to-date picture of the health and well-being of children in our state. The statistics in this report show that we have made some progress in a few areas; nevertheless, much of the data we present here indicates that we still have a long ways to go toward creating a secure, healthy, and nurturing world for the children of our state:

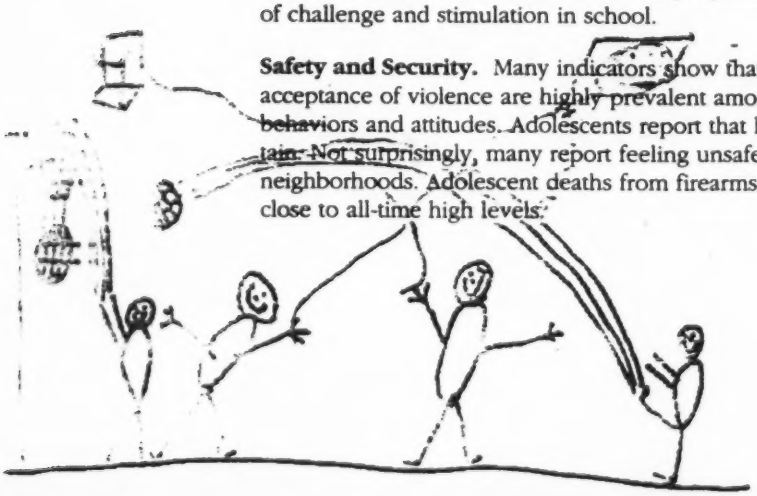
Family and Community. While the needs continue to grow, supports for families are minimal and stretched. The number of divorces involving children and the percentage of out-of-wedlock births continue to rise. Trends in teen pregnancy reveal a slowing of the recent improvements in this area. Many teens say that they know few adults they can talk to about important matters and that they are not encouraged and supported by neighbors. The number of children in foster and other out-of-home placements is growing past the capacity of the system to handle this need.

Economic Well-being. Washington has enjoyed strong growth in wages and income, but we still have great disparities, with the wealthiest one-fifth of families holding almost half the total income in the state, and the poorest fifth holding less than one-twentieth. One in 3 children continues to live in a family without adequate income to afford the basic necessities.

Health. Indicators of good medical care such as the infant mortality and immunization rates continue to improve, but other indicators show no cause for complacency. The teen suicide rate is still unacceptably high. Data in this report reveal a high rate of depression among youth, which has grave consequences in many areas of behavior. Drug use is increasing.

Education. While education reform is beginning to show some improvements in fourth grade performance, we are far from our goal that most students achieve basic standards of competence in reading, writing, and math. We fail to meet the learning needs of most minority students. Children start school eager to learn, but are progressively turned off by lack of challenge and stimulation in school.

Safety and Security. Many indicators show that violent behaviors and acceptance of violence are highly prevalent among youth and mirror adult behaviors and attitudes. Adolescents report that handguns are easy to obtain. Not surprisingly, many report feeling unsafe at school and in their neighborhoods. Adolescent deaths from firearms and homicide still range close to all-time high levels.



BEST COPY AVAILABLE

WASHINGTON'S CHILDREN

HELPING THEM THROUGH ADOLESCENCE

Early Adolescence: Sowing the Seeds . . .

While trends in our traditional indicators suggest that we are making slow — if inconsistent — progress in improving the health and well-being of Washington's children, new data from the *1998 Washington State Survey of Adolescent Health Behaviors* present a picture of our state's adolescents that should cause, we believe, serious concern. Consider the following summaries of some findings from this recent survey.

Among Sixth Graders, in 1998 . . .

Substance Use

2 in 5 students had tried alcohol
1 in 4 students tried cigarettes
1 in 14 students tried marijuana

Violent Behavior

1 in 8 students attacked someone with the intent to hurt the person
1 in 20 students carried a handgun
1 in 25 students was arrested

School Performance

1 in 7 students was suspended from school
1 in 8 students reported the belief that it was okay to cheat at school

. . . these behaviors cannot and should not be viewed as curious manifestations of youthful experimentation . . . They are the planted seeds of chronic behaviors — the beginning of a set of habits and problems that are likely to continue.

These statistics for sixth graders — children who are only 11 to 12 years of age — are alarming. A sizable minority engage in behaviors that, even for adults, are undesirable and unhealthy. At this age, these behaviors cannot and should not be viewed as curious manifestations of youthful experimentation. Children are simply not prepared to handle these harmful exposures. Even more important, the prevalence of these behaviors does not diminish over time. They are the planted seeds of chronic behaviors, the beginning of a set of habits and problems that are likely to continue throughout adolescence and into adulthood. Even by tenth grade, these same unhealthy behaviors are far more pervasive.

Among Tenth Graders, in 1998 . . .

Substance Use

4 in 5 students had tried alcohol (and 2 in 5 drank regularly)
3 in 5 students had tried cigarettes (1 in 4 within the past 30 days)
1 in 14 students had tried marijuana (1 in 4 within the past 30 days)

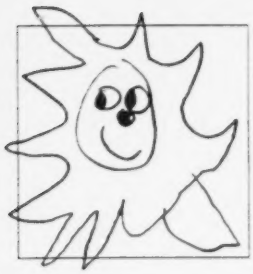
Violent Behavior

1 in 4 students attacked someone with the intent to hurt the person
1 in 7 students carried a handgun
1 in 12 students was arrested

School Performance

1 in 4 students was suspended from school
1 in 4 students had gone to school drunk or high
1 in 2 students said it was okay to cheat at school

Continued on page 8



RECENT TRENDS	WHAT'S BETTER?	RECENT TRENDS
Family and Community Indicators		
Teen Birth Rate (per 1,000 15 to 17-year olds)	28.8 **(1995)**	25.3 **(1997)**
Teen Pregnancy Rate (per 1,000 15 to 17-year olds)	49.7 **(1995)**	45.5 **(1997)**
Economic Well-being Indicators		
Average Wages (in 1997 dollars)	$27,729 **(1987)**	$30,884 **(1997)**
Per Capita Income (in 1996 dollars)	$22,061 **(1987)**	$25,761 **(1996)**
Number of Poor Children (percent in poverty)	150,527 (14.3) **(1995)**	146,946 (13.1) **(1998)**
Percent of Children Without Health Insurance (age 18 or younger)	10 **(1995)**	7 **(1998)**
Health Indicators		
Infant Mortality Rate (infant deaths per 1,000 births)	5.8 **(1995)**	5.6 **(1997)**
Percent of Women Receiving Early Prenatal Care	82.7 **(1995)**	83.4 **(1997)**
Percent of 2-Year Olds Fully Immunized	75 **(1994)**	80 **(1997)**
Mortality from Medical Conditions (deaths per 100,000 10 to 19-year olds)	11.3 **(1995)**	10.5 **(1997)**
Education Indicators		
Percent Meeting Adequate Standards		
4th Grade Reading	48	56
4th Grade Math	21	31
4th Grade Listening	62 **(1997)**	71 **(1998)**
Safety and Security Indicators		
Mortality from Unintentional Injuries (deaths per 100,000 0 to 14-year olds)	11.0 **(1995)**	9.9 **(1997)**
Homicide Mortality (deaths per 100,000 15 to 19-year olds)	12.0 **(1995)**	8.8 **(1997)**

RECENT TRENDS	WHAT'S *NOT* BETTER?	RECENT TRENDS

Family and Community Indicators

Number of Divorces Involving Children	14,448 **(1995)**	15,032 **(1997)**
Percent of Births to Unmarried Mothers	26.6 **(1995)**	27.2* **(1997)**
Children Living in Out-of-home Care	9,694 **(FY 96)**	11,222 **(FY 98)**
Average Monthly Family Foster Care Caseload	5,875 **(1995)**	6,113 **(1996)**

Health Indicators

Low Birthweight Rate (percent of births)	5.3 **(1995)**	5.6 **(1997)**
Mortality from Medical Conditions (deaths per 100,000 1 to 9-year olds)	10.5 **(1995)**	12.2 **(1997)**
Suicide Mortality (deaths per 100,000 10 to 19-year olds)	5.5 **(1995)**	6.1 **(1997)**

Education Indicators

Percent Meeting Adequate Standards 4th Grade Writing	43 **(1997)**	37 **(1998)**

Safety and Security Indicators

Child Abuse and Neglect Accepted Referrals (per 1,000 children <17 years)	38 **(1995)**	38* **(1997)**
Mortality from Unintentional Injuries (deaths per 100,000 15 to 19-year olds)	34.2 **(1995)**	34.7* **(1997)**
Mortality Due to Firearms (deaths per 100,000 15 to 19-year olds)	16.7 **(1995)**	17* **(1997)**
Percent of Mortality Due to Firearms (percent of deaths of 15 to 19-year olds)	24.3 **(1995)**	24.9* **(1997)**
Domestic Violence Arrests	26,927 **(1995)**	27,626 **(1996)**
Juvenile Arrest Rates for Violent Crime (per 100 10 to 19-year olds)	3.2 **(1995)**	3.3* **(1997)**
Children Incarcerated in Juvenile Rehabilitation Institutions	1,015 **(1996)**	1,023* **(1998)**

*No appreciable change

Continued from page 5

We Know What Hurts and What Helps Children to Grow

Antisocial behaviors do not occur randomly among adolescents. A growing body of research suggests that a relatively small number of risk and protective factors predict which children will engage in high-risk, antisocial, and self-destructive behaviors.

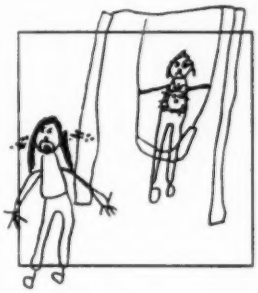
For example, the devastating effects of **poverty** on families and children — whether from material deprivation, lack of opportunity, or the stress of growing up poor — have been well documented. Children growing up in poverty, especially poverty *within* an affluent society, are at high risk for growing up discouraged, disadvantaged, and angry.

Almost 17% of the tenth graders who showed early problem behaviors also had signs of clinical depression. . .

Caring adults are clearly important. Children are far less likely to engage in negative behaviors if they have good adult role models and adults who will listen to them, and if they are nurtured by caring adults at home, at school, and in their neighborhoods.

Neighborhoods make a difference. Research shows, and the Washington Adolescent Survey confirms, that if a student grows up around crime, drugs, and violence, he or she is likely to become involved in crime, drugs, and violence. Conversely, where there are opportunities for recreation, guidance, and support, adolescents are likely to flourish.

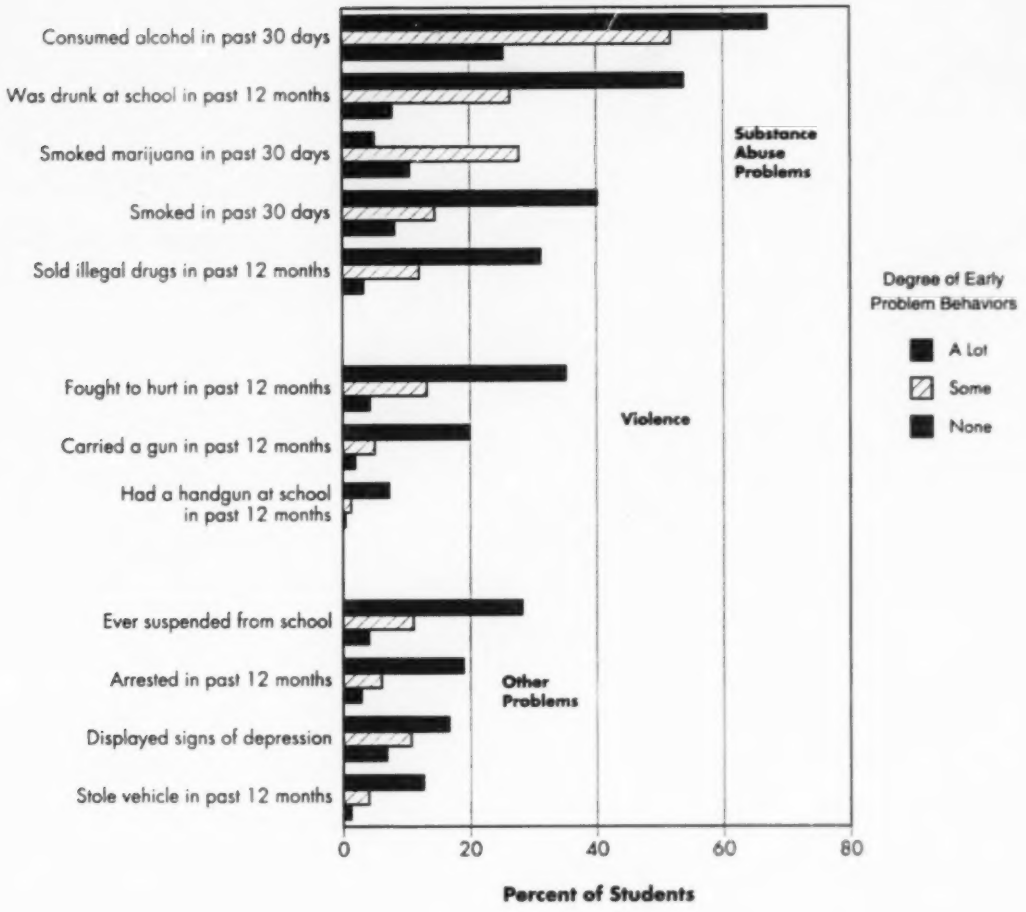
Schools can be very influential in how children develop, as well as in how they learn. Several recent studies have demonstrated that attachment to school and positive engagement in school-related activities are strong protective factors for preventing crime and other negative behaviors.



Depression is a widespread, but poorly recognized, affliction of today's youth. According to the 1998 Adolescent Survey, 10 to 20% of all adolescents (across all grades) reported feelings that suggest clinical depression. Such children are more likely to be involved in drugs, tobacco, and alcohol, to engage in violent behaviors, to get arrested, and to do poorly in school. They are more likely to be involved in gangs and to have friends who engage in antisocial behaviors. Almost 17% of the tenth graders who showed early problem behaviors also had signs of clinical depression, more than twice the rate of other tenth graders.

Data from the adolescent survey suggest that by far the strongest single predictor of unwanted, unhealthy, and antisocial behaviors in older adolescents is early onset of problem behaviors. Many, if not most, high-risk youth are recognizable before their teen years. They are not only acting out, but are suffering emotionally. These children need our help; indeed, we could say that they have been asking for help for many years.

Risk Behaviors in Tenth Grade Students by Amount of Self-reported Problem Behaviors Before Age 12, 1998



The figure above illustrates just how strongly early behaviors predict problems later in adolescence. In this figure we show the proportion of tenth graders who engage in various risk behaviors according to whether they had no (about 40% of students), some (about 30%), or major (about 30%) evidence of early problem behaviors. The likelihood of risk behaviors among tenth grade students who had shown major early evidence of problem behaviors is extraordinarily high. Sixty-seven percent of this group had drunk alcohol in the 30 days preceding the survey. Twenty-eight percent had been suspended in the past year, 20% had carried a gun, and 31% sold illegal drugs. Nineteen percent had been arrested, 35% had been in fights with intent to hurt, and 7% had brought a handgun to school. Even though this group included less than 30% of tenth graders, they accounted for the majority of those who engaged in many of these high-risk behaviors.

An Ounce of Prevention . . . for a Ton of Problems

These data tell us — our children are telling us — three things:

- The problems that derail them in adolescence start early, often no later than middle school.
- The problems continue all through high school.
- These are widespread problems, affecting a large proportion of children.

If we want our youth to develop into successful adults, we must respond by starting early, following through, and making our efforts match the scope of the problems they face.

Starting Early

The findings from this survey, while certainly not happy, could be extremely helpful: they emphasize once more the potential value of prevention. These data tell us that many high-risk children are self-identifying their needs at an early age. If we can find them early, before they become adolescents, we may be able to prevent them from becoming problem adolescents. If we begin, not in tenth grade, not in sixth grade, but at birth or before to identify and help families and children at risk, we can build a better future for all children. We need a commitment to offer help to every expectant parent, and to every child facing a problem with substance abuse, a dangerous home environment, or pressure for inappropriate sexual activity.

If we want our youth to develop into successful adults, we must respond by starting early, following through, and making our efforts match the scope of the problems they face.

Following Through

Even though problems start early, children are continually changing, moving, and facing new opportunities and temptations, so we must continue efforts at every stage. If we stop supporting youth at any point, if parents or schools lose the open lines of communication, then the pressures will push children into problem behavior.

Action Needed to Match the Scope of the Problem

More than 1.5 million children live in the state of Washington. Any problem affecting 20% of youngsters encompasses more than 300,000 children. Many effective programs are available to children, families, and communities; they should be expanded and refined. We know what works. We need the will to make the commitment to connect families and children with these services. A recent study by Washington Kids Count showed that spending for prevention is only $14 a year per abused child, while foster care costs from $3,200 to $5,200 per child per year. If we want our children to be safe and to perform well in school, we *have to make our investment in prevention* match the scope of the problem.

12

WASHINGTON'S CHILDREN

FAMILY AND COMMUNITY

Families and communities form the most important elements of the environment in which children grow and develop. Many of the insights we have into the influences of families on children come from state surveys of adolescent health behaviors conducted among sixth, eighth, tenth, and twelfth graders every two or three years. These confidential surveys, while not expensive, provide the best and most valid way to understand and track how our children perceive their lives, their supports, and the threats to their development. What do these surveys tell us?

- Communities and families can and do have a powerful influence — positive or negative — on children.

- We are doing a lousy job of supporting our children.

- Because of negative influences, too many of Washington's children are growing up at risk for unhealthy, antisocial, and criminal behaviors.

The graphs and data presented in these pages show clearly that community and family supports are important to children. Students who identify negative influences in their communities — e.g., knowing adults who engage in illegal, often drug-related activities — are far more likely to act out themselves by stealing, using and selling drugs, getting into serious fights, carrying a handgun, getting arrested, or getting suspended from school.

In contrast, children who can talk with adults about important matters in their lives are far less likely to engage in undesirable behaviors. Caring, listening, and involved adults are vital to children's growth and well-being. Yet data from the surveys show that of all the community supports listed, the one that adolescents cite as most lacking is being able to talk to an adult. And that support diminishes as children grow older. Six of 10 sixth graders feel supported in some ways by their neighbors, but by twelfth grade only 4 of 10 feel supported.

Key Indicators	Then	Now	Trend
Teen Birth Rate (per 1,000 15 to 17-year olds)	28.8 (1995)	25.3 (1997)	Better
Teen Pregnancy Rate (per 1,000 15 to 17-year olds)	49.7 (1995)	45.5 (1997)	Better
Births to Unmarried Mothers (percent of births)	26.6 (1995)	27.2 (1997)	Worse
Number of Divorces Involving Children	14,448 (1995)	15,032 (1997)	Worse
Average Monthly Family Foster Care Caseload	5,875 (1995)	6,113 (1997)	Worse

Despite the (untrue) perception that adolescents don't care about what adults have to say, the data in this report and countless research studies demonstrate time after time that children want — indeed require — the love and thoughtful attention of adults. Although it is common to think of adolescents as selfish, we can only wonder why so few adults go out of their way to make a positive difference in children's lives. It is not up to the kids — it is up to us. We are, after all, the adults.

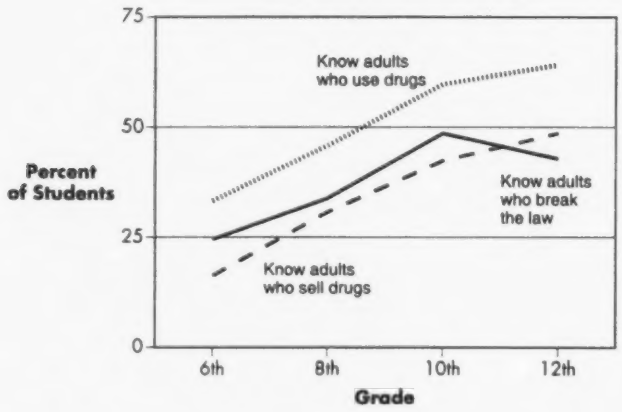
BEST COPY AVAILABLE

CHILDREN NEED GOOD ADULT INFLUENCES

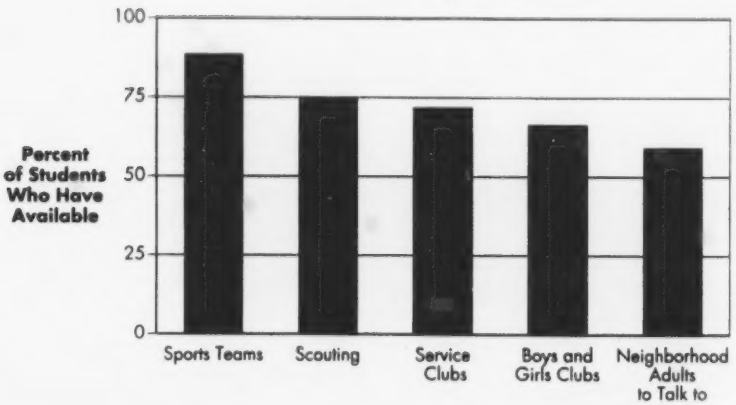
Poor Role Models

• By sixth grade, about 25% of children already have been exposed to adults who engage in illegal, often drug-related. activities. This number increases to about 50% by the end of high school. These figures are higher than those reported in the 1995 Survey of Adolescent Health Behaviors.

Exposure to Adult Behaviors: 6th to 12th Graders, 1998



Community Supports Available for Children: 6th to 12th Graders, 1998



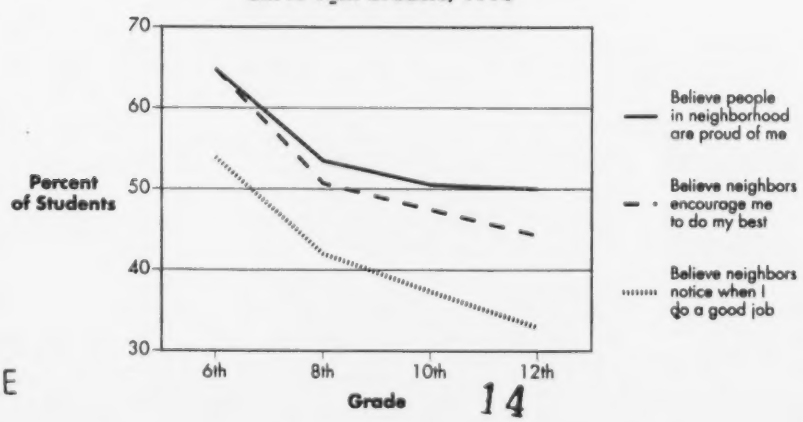
Lots of Activities, But Not Enough Caring

• Although sports teams and other activities are available to most sixth to twelfth graders, fewer than 60% of students say that that there are many adults in their neighborhoods with whom they can talk about something important.

Interaction with Neighbors

• The support that teenagers feel from their neighbors declines throughout high school. By twelfth grade, most students do not think that neighbors play a supportive role in their lives.

Support That Children Get from Neighbors: 6th to 12th Graders, 1998

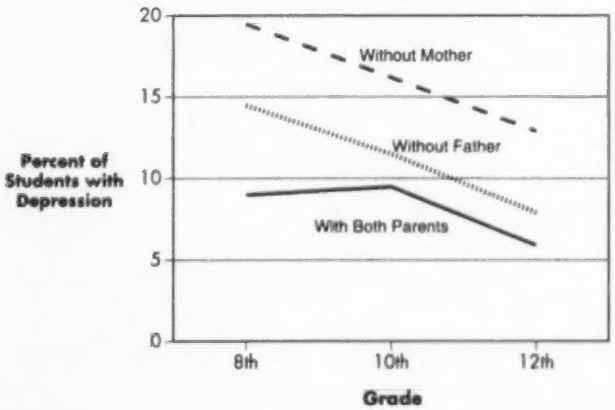


BEST COPY AVAILABLE

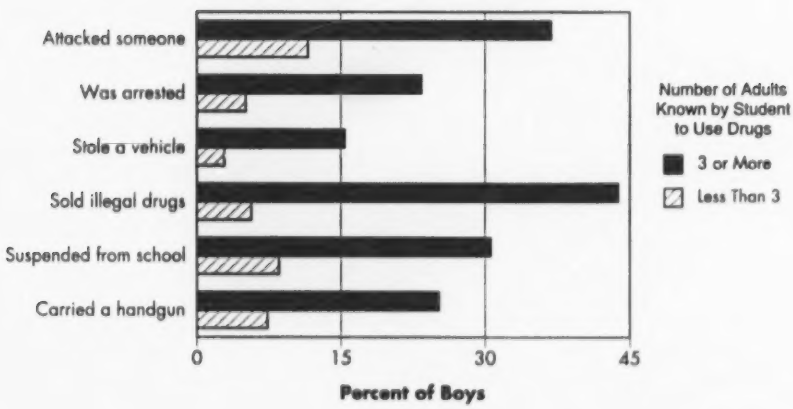
Children Suffer When Parents Are Absent

• Eighth graders living with only one parent are almost twice as likely to have high depression scores as eighth graders living with both parents. The difference diminishes as children move through high school.

Depression and Family Composition



Problem Behaviors in 10th Grade Boys



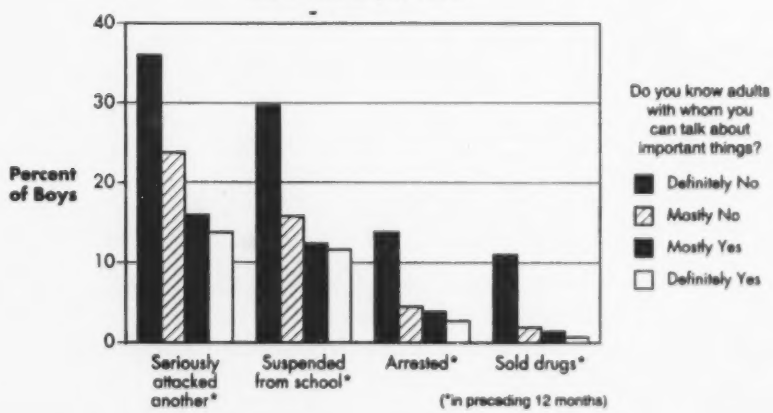
Adult Influences

• Bad adult influences can be devastating to children. In the 1998 Adolescent Survey, one-third of tenth grade boys reported that they know 3 or more adults who use drugs. These boys were 3 to 8 times more likely to engage in serious problem behaviors. Similar patterns were seen in other grades and among girls.

Who Is Listening?

• For young children especially, having an adult to talk with can make a big difference in their lives. The 1998 Adolescent Survey reveals that sixth grade boys who believed they definitely did NOT have adults to talk to (about 10% of boys) were far more likely to have difficulties than were those who thought adults were available to listen to them.

Problem Behaviors Are Related to Not Having Adults Who Listen: 6th Grade Boys, 1998

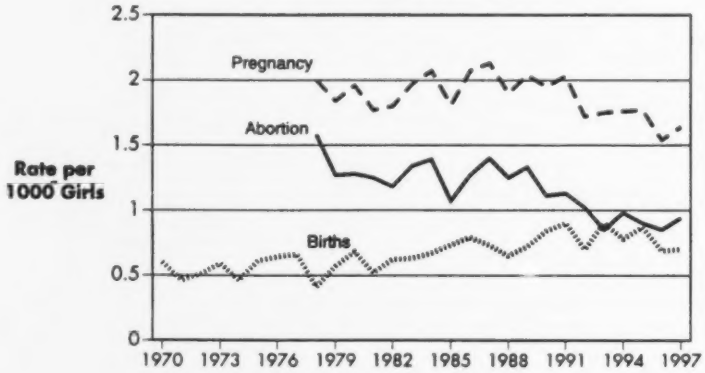


Monitoring the trends . . .

Births Rates to Girls Younger Than 15 Are Stable

- Pregnancy, birth, and abortion rates for girls under 15 have been stable over the past five years. Fewer than half of the pregnancies in this age group are carried to term.

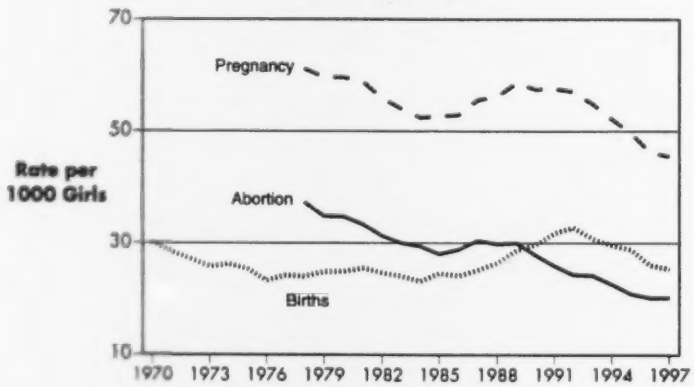
Pregnancy, Abortion, and Birth Rates: Girls Ages 10 to14



Pregnancy, Birth, and Abortion Rates for Girls15 to17 Are Leveling

- Although pregnancy, birth, and abortion rates have been falling among 15 to 17-year olds, this trend has slowed recently.

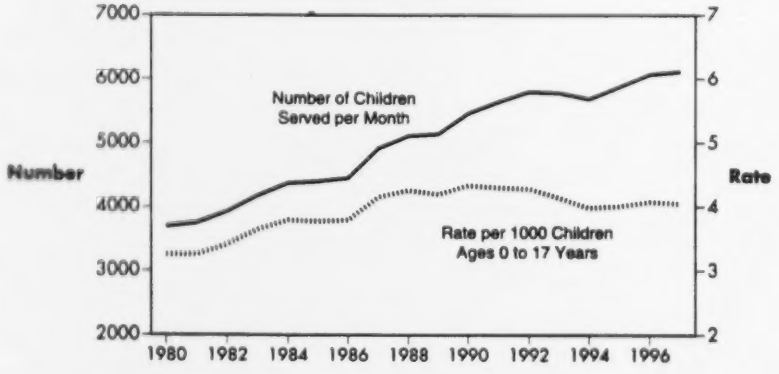
Pregnancy, Abortion, and Birth Rates: Teens Ages 15 to 17



Children in Foster Care

- Even though the rate of children in foster care has stabilized at around 4 per 1000, population growth is leading to a sharp increase in the number of children in such care. This increase magnifies the difficulty of finding qualified foster parents and places an enormous strain on the system.

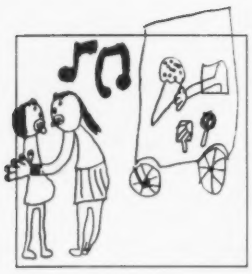
Family Foster Care



BEST COPY AVAILABLE

WASHINGTON'S CHILDREN

ECONOMIC WELL-BEING



Washington's economy has shown strong growth, with employment, wages, and incomes reaching new highs. Fewer children are living in deep poverty, and more have access to health insurance. While we should celebrate this prosperity, we must also take note of some serious gaps and disparities. And we must plan for the future when economic growth is likely to slow.

New data show that Washington still has great income disparities:

- The wealthiest one-fifth of families have nearly half the total income, while the bottom fifth have less than 5%.

- This disparity is not due to lack of work. Almost 90% of even the poorest families have an adult working more than 20 hours per week; all households have an adult working at least a few hours a week.

The number of children living in deep poverty has declined since 1990, but the percentage living in "hidden poor" families has increased from 19 to 20% despite strong economic growth. These families have incomes above the official poverty line, but not high enough to avoid the spending trade-offs among the basics of food, housing, transportation, health care, and child care. One in 3 Washington children lives in families with adults who work, but still lack basic economic resources.

Moderate-income families are strapped to pay the costs of health insurance and child care.

Key Indicators	Then	Now	Trend
Average Real Wages (inflation adjusted)	$27,729 (1987)	$30,884 (1997)	Better
Per Capita Income (inflation adjusted)	$22,061 (1987)	$25,761 (1996)	Better
Jobs in High- and Low-wage Sectors			
% High Wage	29.3	30.5	Better
% Low Wage	40.8 (1983)	47.1 (1997)	Worse
Number of Poor Children Ages 5 to 17	157,000 (1995)	147,000 (1998)	Better
Percentage of Children Without Health Insurance	10% (1995)	7% (1998)	Better

- Only 2% of children from families with median or above income lack health insurance, compared to 12% of those below. One in 5 in the hidden poor category lacks coverage.

- One in 6 Hispanic and 1 in 7 Native-American children face the peril of no health insurance.

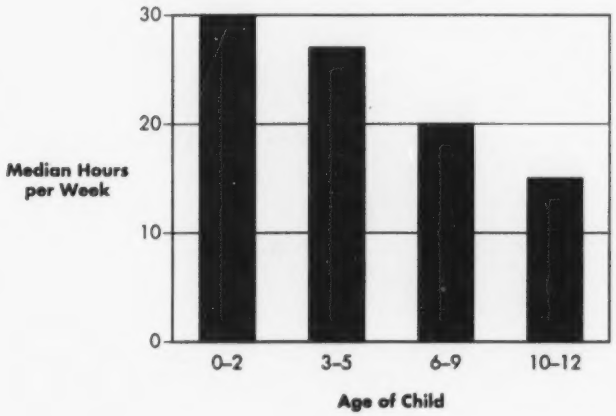
Children at the critical and vulnerable early ages need a strong start on the learning process. Parents use paid child care for an average of 29 hours a week for children ages 0 to 5 years, with half in care for 30 or more hours. The average cost of full-time care for each child in Washington is one-sixth of average wages, and it is difficult to find care that is both affordable and high quality.

17 BEST COPY AVAILABLE

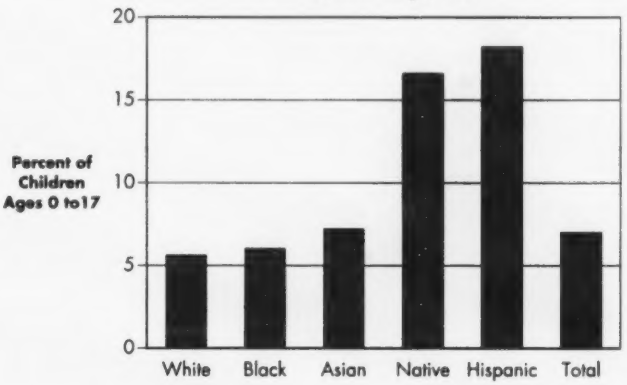
Young Children in Paid Care

• For those families who use paid child care, young children are in care most of the work week. For the total Washington population, including those who do not use such care, use of paid care averages 9 hours per week for children 0 to 2 years and 14 hours for children 3 to 5 years.

Median Use of Paid Child Care, 1998



Children Without Health Insurance by Race/Ethnicity, 1998



Ethnic Disparities in Health Insurance

• Most Washington children have health insurance; however, 1 in 15 still lacks this critical support to remain healthy.

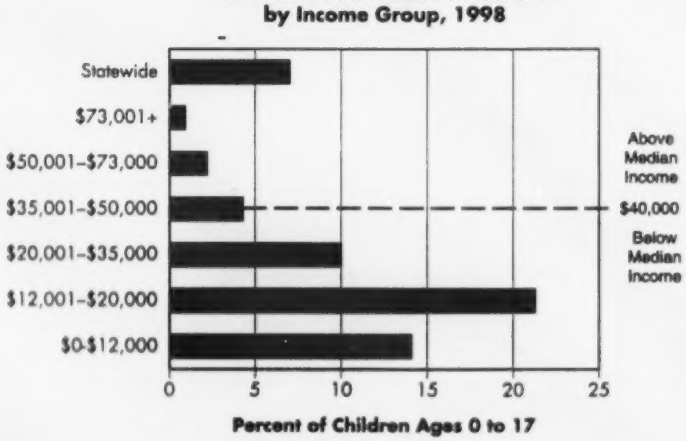
• One in 6 Hispanic and 1 in 7 Native-American children lack health insurance, compared to 1 in 18 for Caucasian or African-American children.

Many Working Families Lack Health Insurance

• More than 98% of children in families with at least average income have health insurance coverage.

• More than 1 in 5 children above the official poverty line but with family income below $20,000 a year lacks coverage.

Children Without Health Insurance by Income Group, 1998



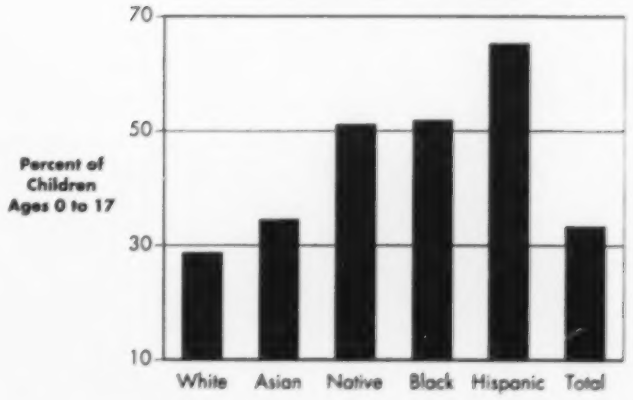
Not Meeting Basic Needs

• We estimate the minimum cost of paying a family's basic needs — the working family budget for food, clothing, housing, health care and child care, transportation, and insurance — to be about $2,100 per month for a family of three.

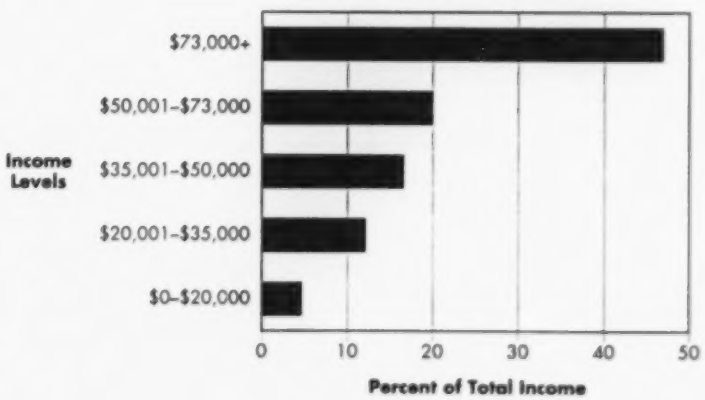
• One in 3 Washington children live in families with less than that minimum working family budget.

• Almost two-thirds of Hispanic children, and half of African-American and Native-American children, are in families with inadequate income.

Children Living with Inadequate Income by Race/Ethnicity, 1998



Percent of Washington's Total Income by Household Income Levels



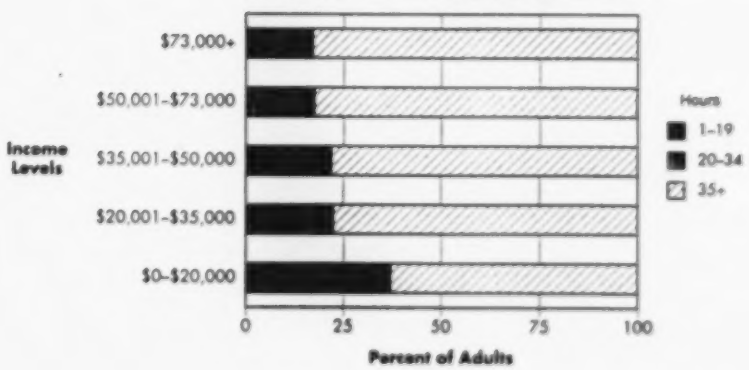
Income Disparities

• The richest one-fifth of Washington's population holds almost half (47%) of the total income, while the lowest one-fifth holds about one-twentieth.

The Poor Are Working, But Often Can't Find Enough Work

• Most adults (nearly 90%) in the lowest income group work at least 20 hours per week; 26% of those working part time would prefer full-time work.

Employment Status by Income Levels: Hours Worked in Past Week at All Jobs

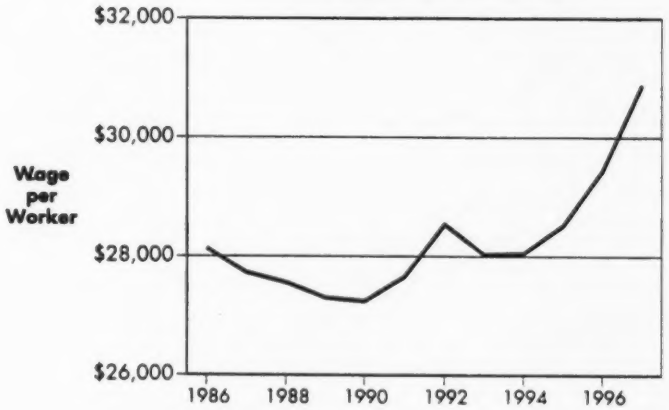


Monitoring the trends . . .

Strong Wage Growth

• Average wages in Washington have risen steadily for the last three years and are now about 10% higher than a decade ago, even after accounting for inflation.

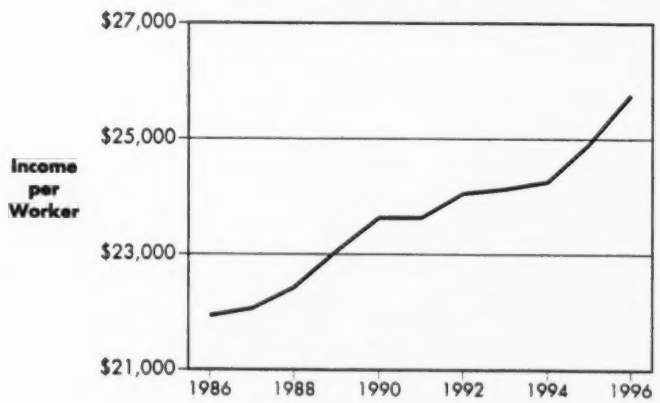
Average Covered Wage per Worker in 1997 Dollars, 1986–1997



Income Grows Faster Than Wages

• Average income per person in Washington has grown 18%, or almost twice as fast as wages. A small percentage of the population has significant nonwage income, such as business or investment profits. The gap between total income and wages reflects a widening disparity between the wealthy and the average working family.

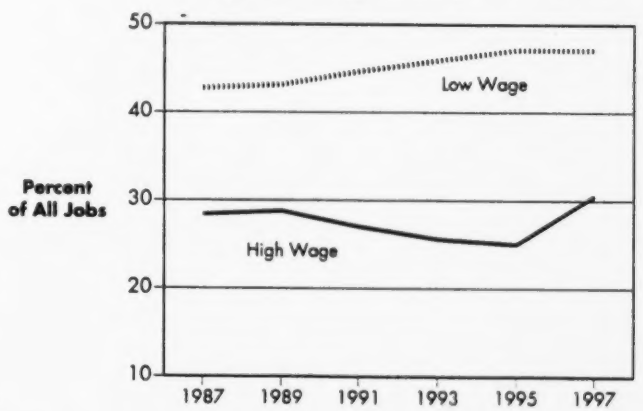
Annual Per Capita Income in 1997 Dollars, 1986–1997



High-Wage Jobs Increasing

• The high-wage job sector has rebounded, but the growth in low-wage jobs continues, with a loss of middle-income jobs.

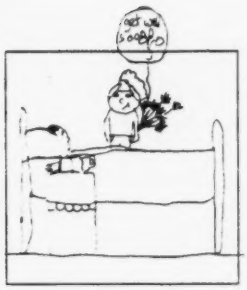
High-Low Wage Trends, 1987–1997



BEST COPY AVAILABLE

WASHINGTON'S CHILDREN

HEALTH



If good health were simply a matter of medical care, Washington's children would be in very good health indeed. Infant mortality continues to decline. Deaths due to medical conditions and illnesses are close to, or at, all-time lows. Immunization rates are at an all-time high.

Nevertheless, the statistics presented in this section of *The State of Washington's Children* alert us to some disturbing trends. First, the proportion of children who use tobacco, alcohol, and marijuana increased substantially during the 1990s. While these trends are discouraging, the levels of substance use are frightening. For example, consider the most popular "drugs" among children — alcohol and tobacco:

- Among sixth graders:
  - 40% say they have tried alcohol
  - 5% say they have smoked cigarettes in the past 30 days
- Among eighth graders:
  - 31% say they have used alcohol in the past 30 days
  - 15% say they have smoked in the past 30 days
- Among tenth graders:
  - 28% say they have had five or more drinks on at least one occasion within the past two weeks
  - 22% are regular smokers
- Among twelfth graders:
  - 27% say they have gone to school drunk within the past year
  - 29% are regular smokers

Alcohol use and smoking are serious concerns for adults, who supposedly can "handle it." Among children, who cannot handle it, alcohol and tobacco use should be considered an emergency. Evidence from the *1998 Washington State Survey of Adolescent Health Behaviors* clearly shows that drinking or smoking early in life is *not* experimentation, but a red flag that strongly predicts substance abuse and other behavioral problems later in adolescence. Early use (before age 14) of a substance doubles the chances that a child will be using that substance by grade 12.

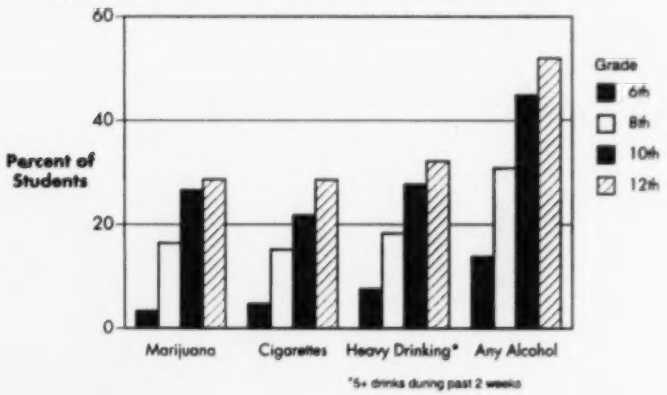
Key Indicators	Then	Now	Trend
Infant Mortality Rate (deaths per 1,000 live births)	5.8 (1995)	5.6 (1997)	Better
Low Birthweight Rate	5.3% (1995)	5.6% (1997)	Worse
2-Year Olds Fully Immunized	75% (1994)	80% (1997)	Better
Suicide Mortality (deaths per 100,000 10 to 19-year olds)	5.5 (1995)	6.1 (1997)	Worse

The 1998 survey also shows that depression is a common and serious problem among youth. Approximately one-third of adolescents report feelings of significant depression. Adolescents with depression report fewer neighborhood and adult supports in their lives. Depression is a serious — and treatable — problem. It is also a risk factor for other problems. Those with the highest levels of depression-related feelings are at high risk for using tobacco, alcohol, and marijuana, and at high risk for school failure and delinquency.

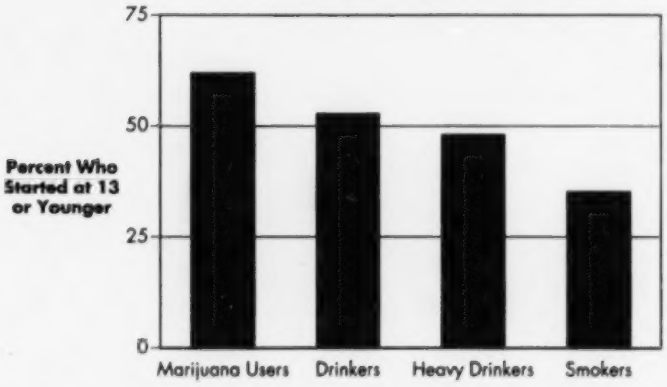
Substance Use Increases Throughout Adolescence

• The percentage of students reporting cigarette, marijuana, or alcohol use increases throughout adolescence. By grade 12, more than a fourth of students report they have recently smoked, used marijuana, or have had 5 or more alcoholic drinks at one time. Drinking alcohol is the most common form of illegal (and unhealthy) substance use in grades 6 to 12.

Cigarette, Marijuana, or Alcohol Use in Past 30 Days, 1998



Many Current Substance Users Started at Age at 13 or Younger: High School Seniors, 1998



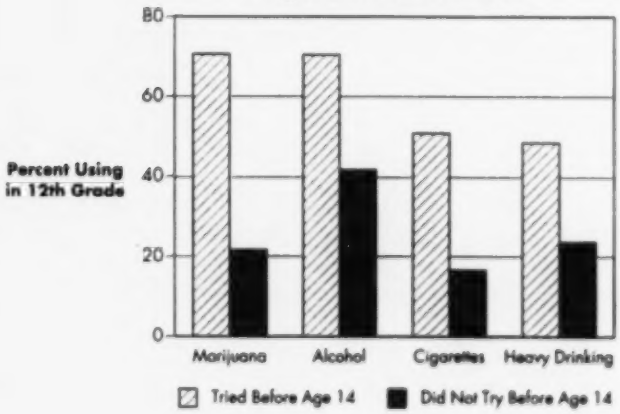
When a Head Start Isn't Good

• About half or more of high school students who report smoking or drinking began these behaviors before they were 14 years old. Although only 6% of seniors said they had tried marijuana before age 14, these 6% account for 35% of current marijuana users.

Hooked Young and Still Using

• Among high school seniors, early use of cigarettes, alcohol, or marijuana was associated with a much higher chance of current use of these substances. For example, 71% of seniors who said they tried marijuana before age 14 were still using as seniors — more than three times the use rate of seniors who did not try it early.

Early Experimentation Is Associated with Current Use: High School Seniors, 1998

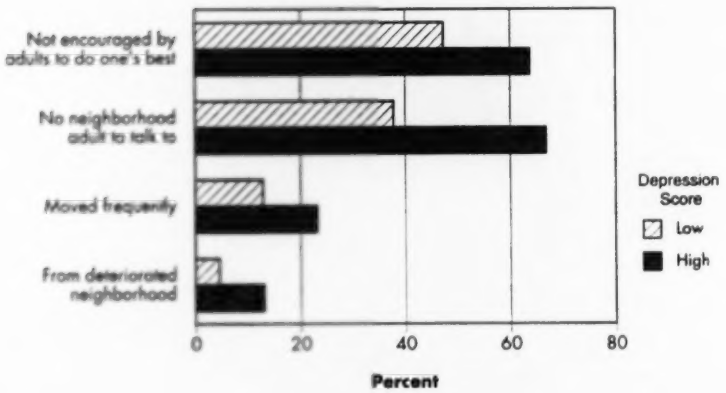


Too Many Youth Are Depressed

• A large proportion of students report depressed thoughts and feelings. While such feelings seem to peak in eighth grade, the level is high in all grades.

Depression in Teens

Community Factors Are Related to Depression: Washington 10th Graders, 1998



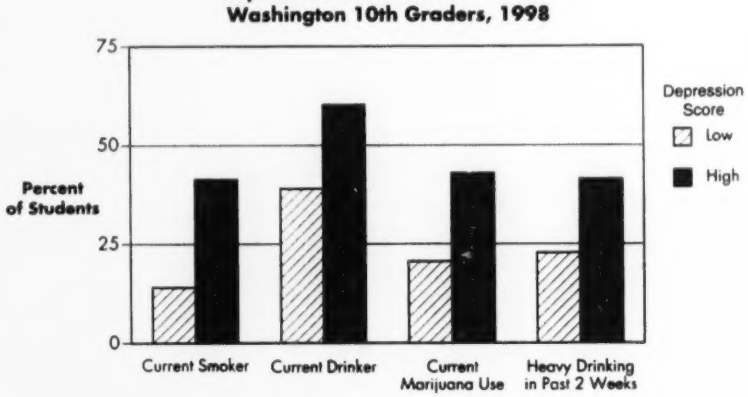
Lack of Support

• Tenth graders with a high depression score on the 1998 Adolescent Health Survey were more likely than those with a low score to report being from a deteriorated neighborhood, to have moved frequently, to have no neighborhood adult to talk with, and to lack encouragement to do their best.

Substance Use Can Be a Warning Sign for Depression

• Tenth graders with a high depression score on the 1998 Adolescent Health Survey are approximately twice as likely to use cigarettes, alcohol, or marijuana compared to tenth graders with low depression scores. Drinking alcohol is especially high among these students.

Depression and Substance Abuse: Washington 10th Graders, 1998

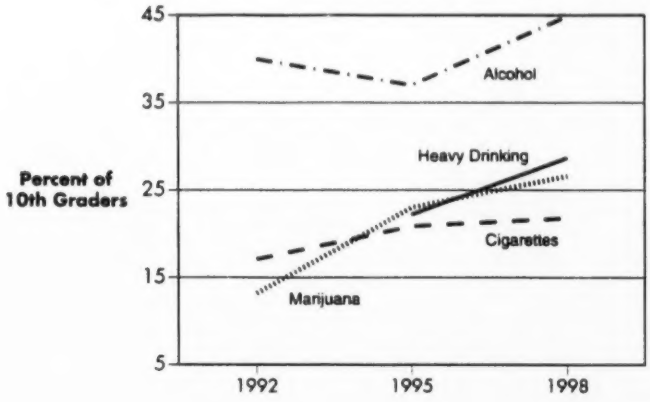


Monitoring the trends . . .

Substance Use Increasing

• The percentage of tenth graders who use (within 30 days of the survey) cigarettes, alcohol, or marijuana has been increasing during the 1980s. The proportion who reported heavy drinking within the past two weeks also has increased. Similar trends can be seen for other grades.

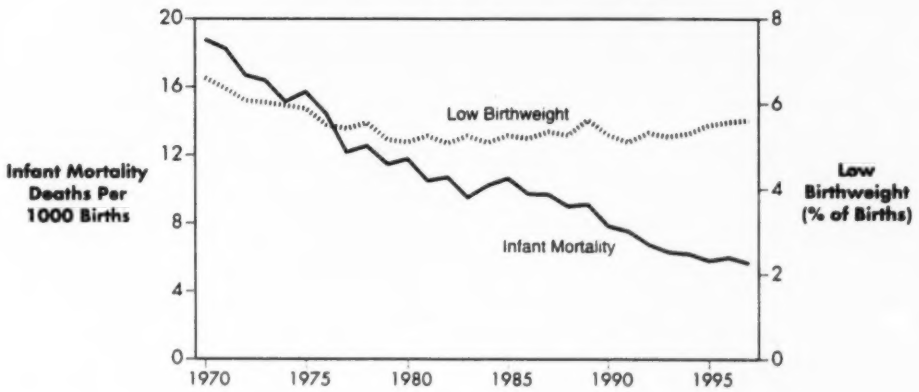
Current Substance Abuse Among 10th Graders, 1992–98



Progress on Infant Mortality, But Not Low Birthweight

• Although we continue to make impressive progress in reducing infant mortality, the proportion of infants born weighing less than 5 pounds has increased recently.

Infant Mortality and Low Birthweight



Childhood Mortality Continues to Decline

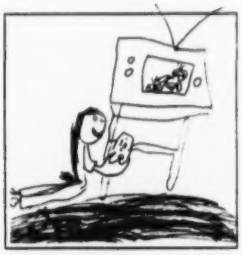
• Over the past three decades, the chances of a child dying in Washington from a medical condition or illness has declined dramatically.

Mortality From Medical Conditions

BEST COPY AVAILABLE

WASHINGTON'S CHILDREN

EDUCATION



After six years of education reform in Washington, we see promising signs of improvement but also evidence that we face a long, uphill climb to educational excellence.

The most promising sign is a substantial 8 to 10-point increase in the percentage of fourth grade students meeting math, reading, and listening standards. Teachers must be using the tests as a guide and ensuring that their students have learned the topics covered. That is the intent of using the standards to drive both learning and accountability.

The increase in the percentage of students who feel safe at school and can talk to their teachers one-on-one also is heartening.

■ Troubling indicators draw our concern. Fewer than 1 in 3 fourth graders, and only 1 in 5 seventh graders, meets the math standard. Only 1 in 3 students meets the writing standard, and fourth grade writing scores have declined from 1997. Little more than half of fourth graders and a third of seventh graders meet the reading standards. These results are unacceptable. We must also ask what is causing boys to perform worse than girls.

■ We are failing to meet the needs of minority children. Only 1 in 20 African-American, Hispanic, and Native-American seventh graders meets math standards. The percentage of minority students in the state has doubled since 1980; further increases will exacerbate this critical issue.

■ We face troubling evidence that our children start school eager to learn, but are progressively turned off by their experiences. Only 30 to 40% of high school students say school is meaningful, important, or often enjoyable. National studies show that high schools students care a lot about education, but believe teachers do not respect, challenge, or engage them.

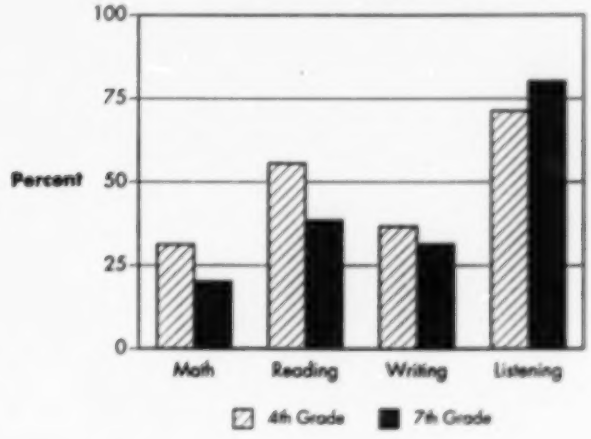
Students, parents, teachers, and the community at large must all meet our obligations to move from the research finding that any child can learn to a new reality where every child does learn.

Key Indicators	Then	Now	Change
Percent of 4th Graders Meeting Adequate Standards on WA Student Learning Tests			
Math	21	31	Better
Reading	48	56	Better
Writing	43	37	Worse
Listening	62	71	Better
	(1997)	(1998)	
Percent Who Say There Are a Lot of Chances to Talk with a Teacher One-on-One	66	68	Better
	(1995)	(1998)	
Percent Who Feel Safe at School			
6th Graders	76	78	Better
12th Graders	85	85	Same
	(1995)	(1998)	
WA Public School Enrollment	**Then**	**Projected**	**Change**
K–8	688,000	745,00	+ 7.6%
Grades 9–12	298,000	320,000	+ 6.9%
State Total	986,000	1,065,000	+ 7.4%
	(1997)	(2003)	

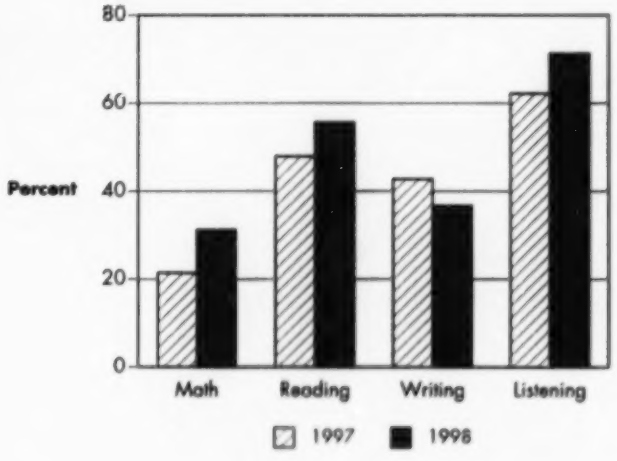
Not Meeting New Standards

• Most Washington students are meeting new state standards in listening skills, but falling way below expectations for math, reading, and writing. Only 1 in 5 seventh graders and 1 in 3 fourth graders met the math standard; about 1 in 3 fourth and seventh graders met the writing standard. More than half of fourth graders and a third of seventh graders met the reading standard.

Percent of Students Meeting Standards for Student Learning Scores, 1998



4th Grade Student Learning Scores, 1997–98



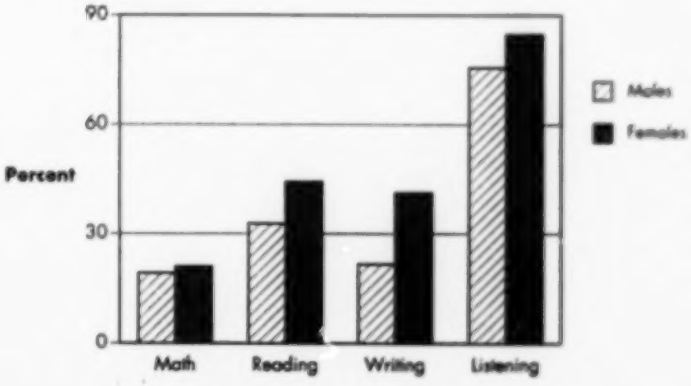
Improving Fourth Grade Performance

• Increasing percentages of fourth graders met the math, reading, and listening skill standards in 1998. The increases may reflect greater familiarity with the new tests in their second year of use. To the extent that teachers have a clearer focus on expectations for student learning, and are ensuring that learning occurs, the new accountability system is having its intended effect of improving student performance. Writing performance, however, declined.

Gender Differences

• Seventh grade girls showed consistently higher achievement than did boys in reading, writing, and listening skills. They were essentially equal in math, with a slightly higher percentage of girls meeting the standards. Washington educators must consider whether better performance by girls is due to the nature of instruction, the cultural expectations for boys and girls, or some combination of the two.

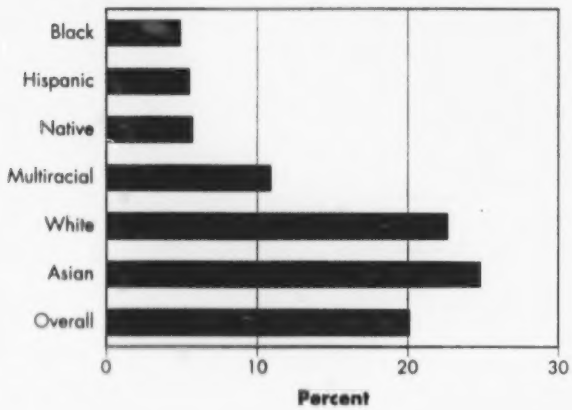
7th Grade Student Learning Scores by Gender, 1998



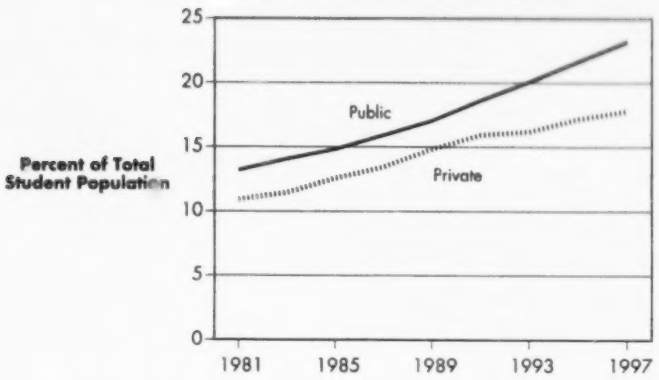
Disparities in Achievement

• Our educational system is clearly failing to meet the needs of most minority children. About 1 in 20 African-American, Hispanic, and Native-American seventh graders met the math standard, compared to 1 in 5 Caucasian and 1 in 4 Asian-American students.

Percent of 7th Grade Students Meeting Standards for Student Learning Scores in Math, by Race/Ethnicity, 1998



Washington State K-12 Minority Enrollment Trends, Public and Private Schools, 1998



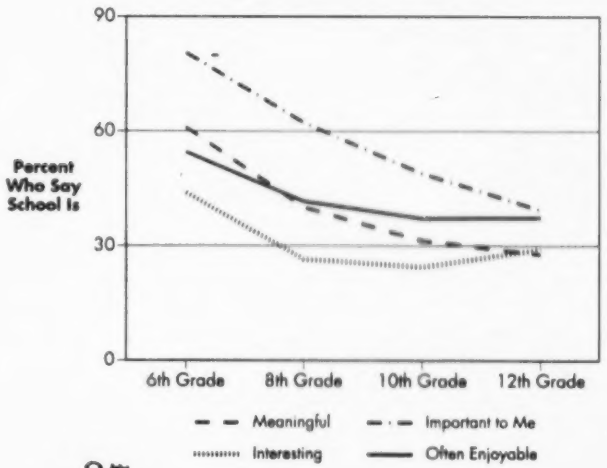
Increasing Minority Enrollment

• The percentage of public school students who are racial–ethnic minorities has nearly doubled since 1981 and now stands at almost 1 in 4 students. Private schools have consistently drawn lower shares of minority students; however, private schools have fallen behind in serving minority students since 1991.

Turning Off Students

• Our schools do not seem to be holding the interest of our youth. Although about 60% of Washington sixth grade students find school to be meaningful, important, and often enjoyable, by high school, only 30 to 40% report that school is valuable to them in these ways. National surveys have shown that high school students want their classes to be more challenging and more interesting.

Engagement in School, 1998



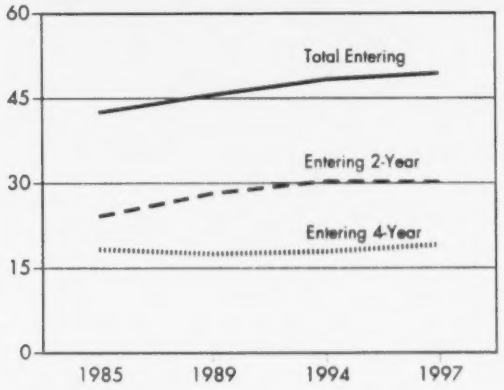
BEST COPY AVAILABLE

Monitoring the trends . . .

No Growth in 4-Year Enrollment

• We have made progress over the last decade, with almost half of public high school graduates moving on to higher education. Although enrollment in 2-year institutions has grown, fewer than 1 in 5 students are entering a 4-year institution.

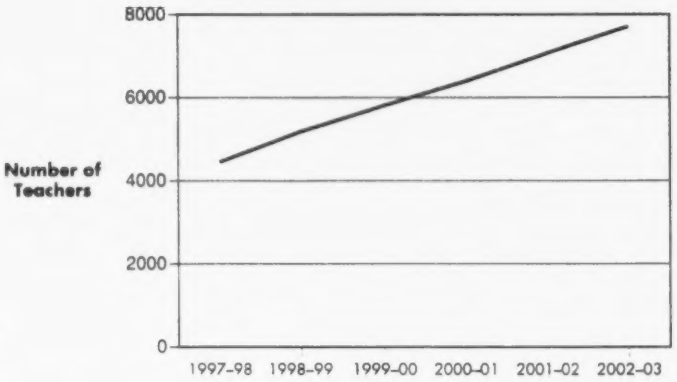
Public High School Graduates Directly Entering Public Higher Education in Washington, 1985–97



More Teachers Needed

• Washington's growing population of children will require us to train and hire 5,200 more teachers this year and another 7,800 in 5 years, just to maintain our current student–teacher ratio. To bring it down to the national average, the state would have to fund another 18,000 teachers by 2003.

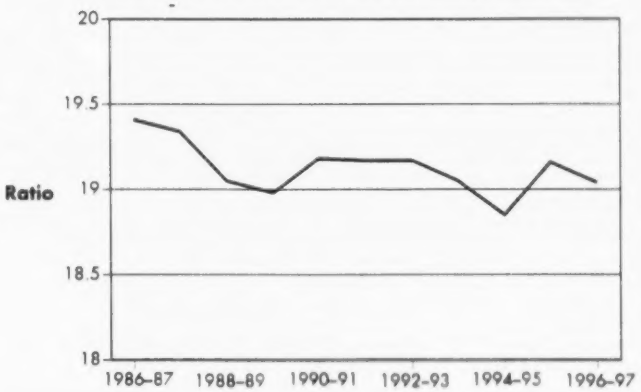
Number of Additional Teachers Needed to Keep Up with Increased Enrollment, 1997–2003



Student–Teacher Ratio Is Poor

• The ratio has been fluctuating in recent years, but Washington remains the third-worst state in the nation, with 3 more students per teacher than the national average.

Public K–12 Student–Teacher Ratio, 1986–1987



SAFETY AND SECURITY

During the past 20 years, the death rate from unintentional (or accidental) injuries has declined more than 50%. Yet we have not truly improved the safety and security of children in our state. Why?

- Many children feel unsafe in their neighborhoods and schools.
- The view that violence is a way to resolving differences and of "getting back" is pervasive among youth.
- Firearms, including handguns, are easily accessible for, and frequently possessed by, teenagers.
- Teenagers are victims of homicide at a rate higher than in almost any period over the past 30 years.

One in 10 children reports not feeling safe in the neighborhood and 1 in 4 reports not feeling safe in school. That schools — children's places — should be more frightening to children than the environment outside of school is a measure of how profoundly we have failed to provide our children with a safe world in which to grow and develop.

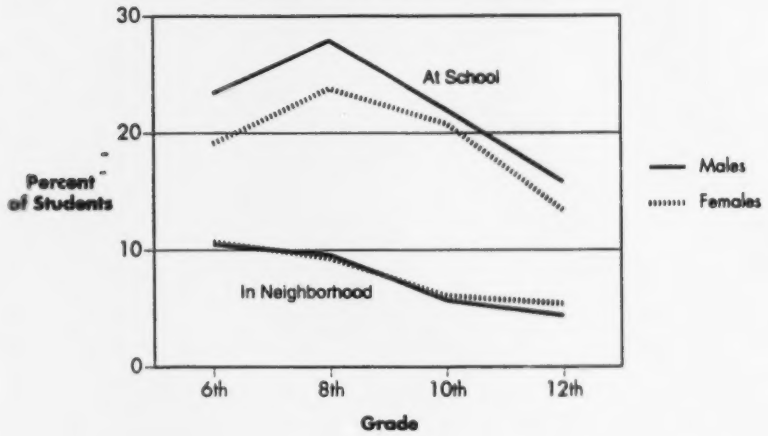
Many children have adopted violence as normal behavior. Approximately 30% of twelfth graders say they have attacked someone with the intent of inflicting serious harm. Even more disconcerting is that two-thirds of boys believe that it is okay to hurt someone, provided the other person started the fight.

Key Indicators	Then	Now	Trend
Child Abuse and Neglect Accepted Referrals (per 1,000 children <17 years)	38 (1995)	38 (1997)	No Change
Deaths from Unintentional Injuries (per 100,000)			
Children 0 to 14	11	9.9	No Change
Children 15 to 19	34.2 (1995)	34.7 (1997)	No Change
Deaths Due to Homicide (per 100,000 15 to 19-year olds)	12 (1995)	8.8 (1997)	Better
Deaths Due to Firearms 15 to 19-year olds			
per 100,000	16.7	17	No Change
percent of deaths	24.3 (1995)	24.9 (1997)	No Change
Domestic Violence Arrests	26,927 (1994)	27,626 (1996)	Worse
Juvenile Arrest Rates for Violent Crime (per 100 10 to 19-year olds)	3.2 (1994)	3.3 (1995)	No Change

The wide availability of guns — nearly 38% of high school seniors say that they can easily get a gun and 8% say they have recently carried a handgun — means that violence, which has always been part of the American culture, is becoming increasingly menacing and fatal.

It is adults who create the models that children emulate. Adults produce the TV shows, movies, and music that glorify violence. Adults in neighborhoods and at home can promote an attitude that says violence is okay, sometimes respectable. By glorifying or even condoning violence, we create a world that is frightening, hurtful, and deadly for our children.

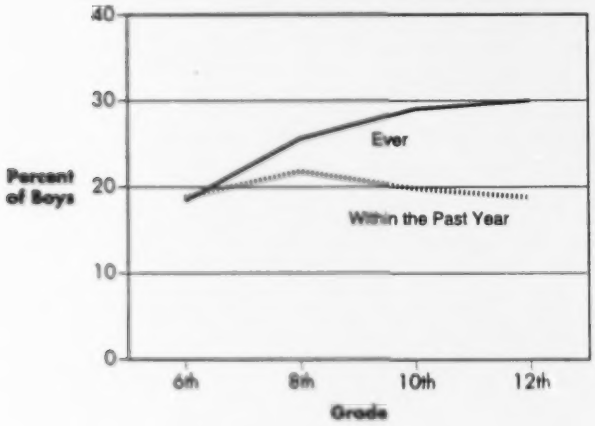
Percent of Children Who Do NOT Feel Safe at School or in Their Neighborhoods, 1998



Threats to Safety and Security

• Washington students are twice as likely to feel unsafe at school as in their neighborhoods. In eighth grade, more than 25% of students say they do not feel safe at school. The percentages for boys and girls are similar.

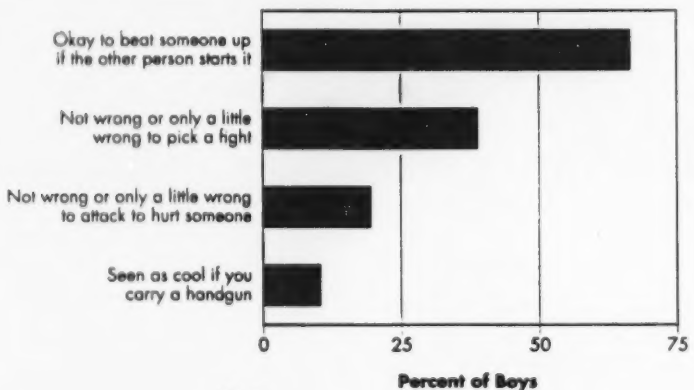
Percent of Boys Who Say They Have Attacked Someone and Tried to Inflict Serious Injury



Attacks Are Common

• Regardless of grade level, 1 in 5 boys says he has attacked someone in the past year with the idea of inflicting serious harm. By twelfth grade, almost a third of boys have done so.

Attitudes About Violence, 10th Grade Boys, 1998


Okay to beat someone up if the other person starts it
Not wrong or only a little wrong to pick a fight
Not wrong or only a little wrong to attack to hurt someone
Seen as cool if you carry a handgun
0
25
50
75
Percent of Boys

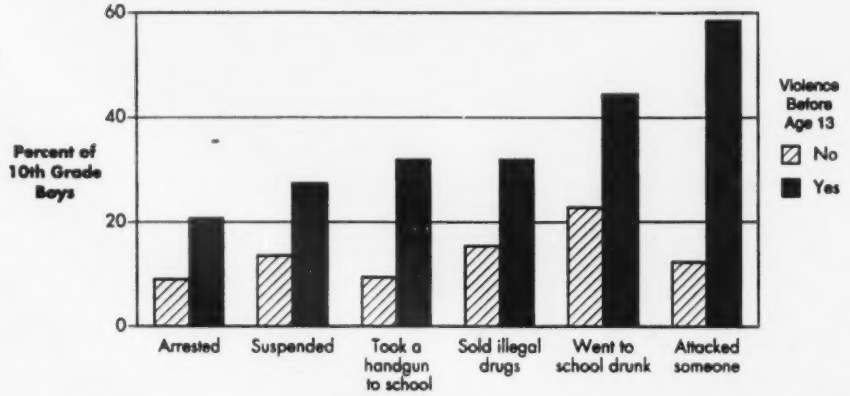
Okay to Pick a Fight

• Many adolescent boys do not view violence negatively. Among tenth grade boys, 67% say that it is all right to beat someone up, provided the other person started the fight, while 33% believe it is okay to pick a fight.

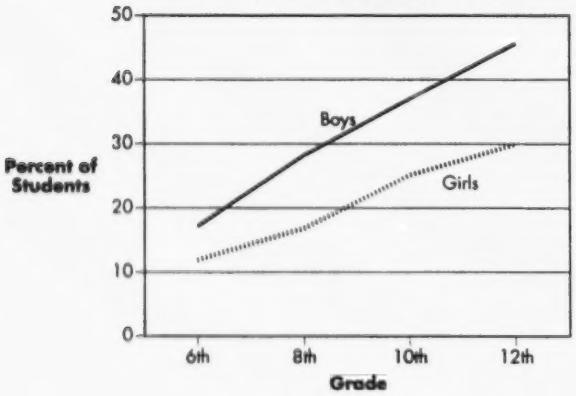
Early Fighting Is a Red Flag

• Boys who get into a serious fight (want to hurt their opponent) before age 13 are far more likely to engage in problem behaviors in tenth grade. Early evidence of violence is associated with at least twice the risk of being arrested, suspended, or engaging in other illegal or violent behaviors during tenth grade.

Early Violent Behavior Is a Risk for Problems Later: 10th Grade Boys, 1998



Percent of Students Who Say It Would Be Easy to Get a Handgun, 1998



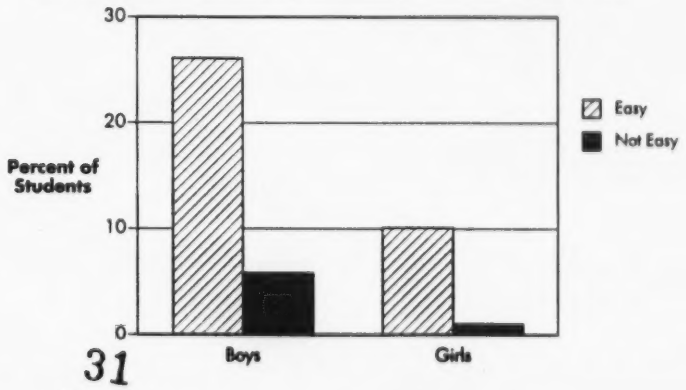
A Gun? No Problem

• By twelfth grade, almost half of boys and a third of girls say that it would be "very easy" or "sort of easy" to get a handgun.

Easy to Get, Easy to Carry

• A student's perception of how easy it is to get a handgun is strongly associated with the likelihood of carrying one. One-quarter of children with easy access to guns have carried a gun in the last year.

Percent of Students in Grades 6 to 12 Who Carried a Handgun in the Last 12 Months, by How Easy It Is to Get One, 1998



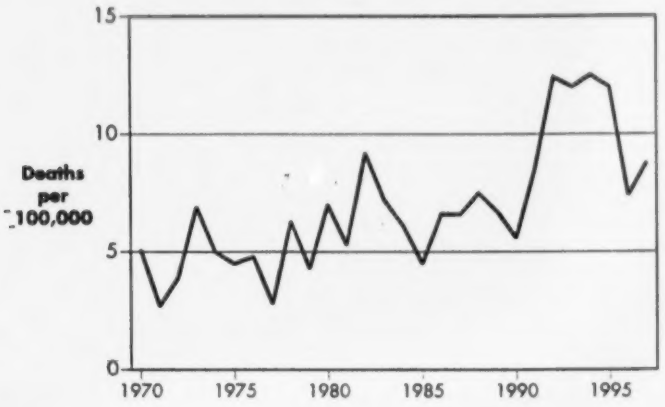
31

Monitoring the trends . . .

Homicide Mortality Rate Climbing Again

• After dropping precipitously in 1996, the homicide mortality rate among teens inched up in 1997.

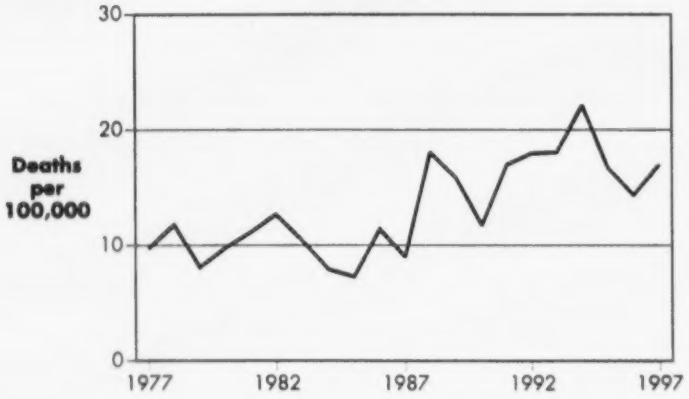
Homicide Mortality in Teens Ages 15 to 19



Firearm Deaths Also Rose

• Although deaths due to firearms among teens declined from 1995 to 1996, they increased in 1997.

Firearm Mortality in Teens Ages 15 to 19



Injury Death Rate Holds Steady

• The mortality rate for unintentional injuries among children has not changed substantially since the 1990s.

Unintentional Injury Deaths in Children 0 to14 Years of Age, 1970–1997

SOURCES

Helping Them Through Adolescence

Graph (page 9): Washington State Survey of Adolescent Health Behaviors (AHS), 1998

Family and Community

Key Indicators (page 11)
Teen Births, Divorces, and Births to Unmarried Women: Washington State Department of Health Center for Health Statistics (DOHCHS)
Children in out-of-home-care: Washington State Department of Social and Health Services (DSHS), Children's Administration

Graphs (pages 12–13): AHS

Trend Graphs (page 14)
Pregnancy: DOHCHS
Family Foster Care: DSHS Office of Research and Data Analysis

Economic Well-Being

Key Indicators (page 15)
Average Wages: Washington State Office Fiscal Management (OFM)
Per Capita Income: U.S. Bureau of Economic Analysis
High/Low Wage Data: Washington State Employment Security Department, Labor Market and Economic Analysis
Number of Poor Children: 1998 State Population Survey (OFM)
Children without Health Insurance: 1998 State Population Survey (OFM)

Graphs (pages 16–17): 1998 State Population Survey (OFM)

Trend Graphs (page 18):
Average Covered Wage: Washington State Employment Security Department
Per Capita Income: U.S. Bureau of Economic Analysis
High-Low Wage Trends: Washington State Employment Security Department

Health

Key Indicators (page 19)
Infant Mortality, Low Birthweight, and Suicide Mortality: DOHCHS
Immunization: DOH Immunization Branch

Graphs (pages 20–21): AHS

Trend Graphs (page 22
Substance Abuse: AHS (1992, 1995, 1998)
Infant Mortality and Mortality from Medical Conditions: DOHCHS

Continued on next page

Education

Key Indicators (page 23)
Student Learning Tests: Washington Assessment of Student Learning (WASL), Office of Superintendent of Public Instruction (OSPI)
Talk to Teachers One-on-One: AHS
School Safety: AHS
Enrollment: OSPI

Graphs
Page 24: WASL
Page 25:
7th Grade Sudents: WASL
Minority Enrollment: OSPI
Engagement in School: AHS

Trend Graphs (page 26)
Higher Education: Washington State Higher Education Coordinating Board
Additional Teachers: OSPI
Student–Teacher Ratio: OSPI

Safety and Security

Key Indicators (page 27)
Child Abuse: DSHS, Child Protective Services
All Mortality Indicators: DOHCHS
Domestic Violence Arrests: Washington State Patrol and Washington State Institute for Public Policy
Juvenile Arrest Rates: Governor's Juvenile Justice Advisory Committee, 1998 Juvenile Justice Report

Graphs (pages 28–29): AHS

Trend Graphs (page 30): DOHCHS

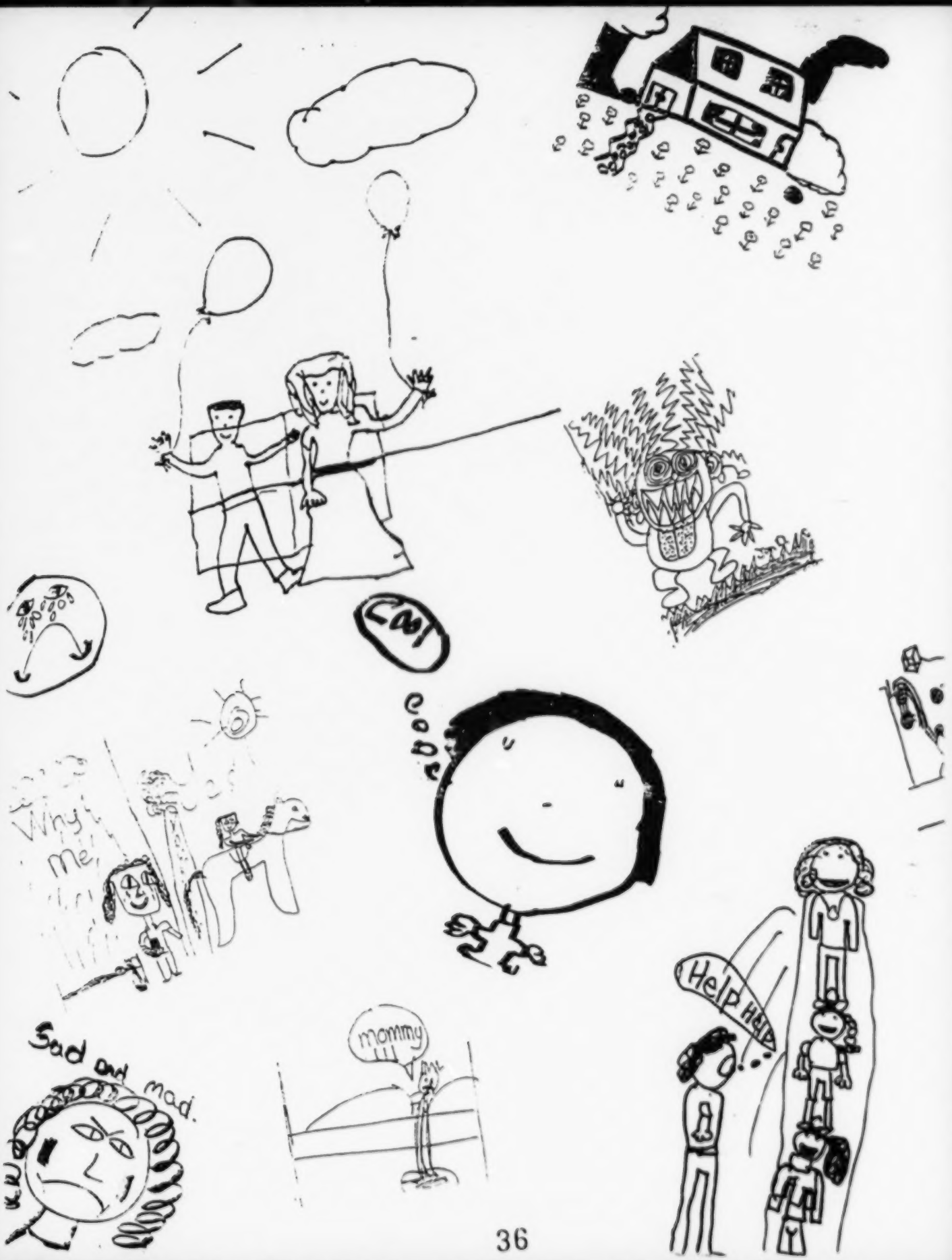
WASHINGTON KIDS COUNT

This is the seventh annual report on *The State of Washington's Children*. It was produced by the University of Washington School of Public Health and Community Medicine in collaboration with the Institute for Public Policy and Management of the Graduate School of Public Affairs. This report is part of the Washington Kids Count Project, which receives major funding from the Annie E. Casey Foundation, the Boeing Company, and the City of Seattle.

Washington Kids Count Steering Committee: Richard Brandon, Project Director, Washington Kids Count (chair); Frederick A. Connell, UW School of Public Health and Community Medicine; Peter Berliner, The Children's Alliance; Andrew Gordon, UW Graduate School of Public Affairs; Betty Jane Narver, UW Institute for Public Policy and Management.

Washington Kids Count Advisory Board: Joseph Bell, Department of Social and Health Services; David Brenna, Department of Social and Health Services; Linda Carpenter, Washington Parent Teachers Association; Garrison Kurtz, Department of Community, Trade, and Economic Development; Charles Langdon, Advancing Solutions to Adolescent Pregnancy; Larry Fehr, Pioneer Human Services; Maxine Hayes, Department of Health; Hubert Locke, UW Graduate School of Public Affairs; Dorothy H. Mann, UW Institute for Public Policy and Management; Ed Marcuse, American Academy of Pediatrics, Washington Chapter; John Neff, Children's Hospital and Regional Medical Center; Sheri Reder, Health Care Consultant; Paul Schoemaker, Social Venture Partners; Gerard (Sid) Sidorowicz, Department of Social and Health Services; Pam Tollefson, Office of Superintendent of Public Instruction; Peggy Walton, Junior League of Seattle.

Questions about the Family and Community, Health, or Safety and Security Sections should be directed to Fred Connell, 543-8887. For questions about the Economic Well-being and Education sections contact Richard Brandon, 543-8483. Copies of this and other Washington Kids Count reports are available online at <http://hspc.org>. (All UW numbers use area code 206.)


Help Help!
mommy
Sad or mad.